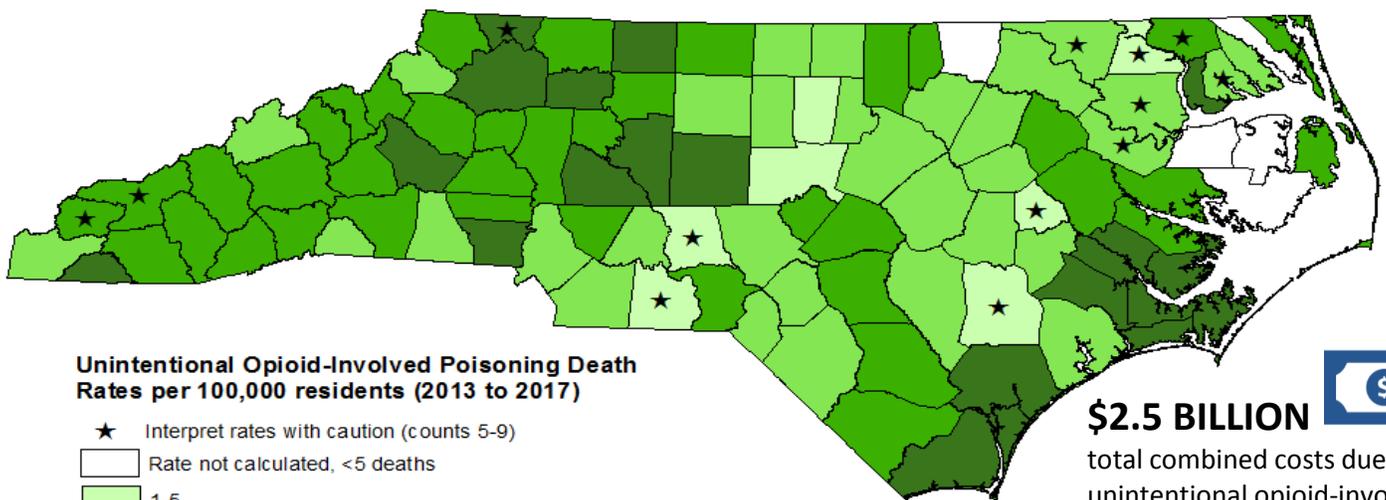


Opioid-Involved Poisonings

- From 1999 to 2017 more than 13,000 North Carolinians died from unintentional opioid-involved poisoning deaths.
- According to current CDC estimates, the cost of unintentional opioid-involved poisoning deaths in N.C. totaled \$2.5 billion in 2017.
- Opioid-involved poisoning deaths including commonly prescribed pain medications (i.e. oxycodone, hydrocodone, codeine) have historically been the leading cause of overdose death. However, currently, heroin, fentanyl, and fentanyl analogues* are resulting in increased poisoning deaths.
- Nonfatal overdoses and administration of naloxone by Emergency Medical Services (EMS) are increasing throughout the state.
- Opioid-involved poisoning deaths are common in both urban and rural areas throughout the state, affecting a wide range of demographics. Though, most commonly affected persons tend to be white, male, and between 25 and 54 years old.
- Health and societal risks of drug use include HIV, Hepatitis C, dependence, addiction, crime, violence, employment instability, and family disruption.

* Fentanyl analogues are drugs that are similar to fentanyl but have been chemically modified in order to bypass current drug laws.

Unintentional Opioid-Involved Poisoning Death Rates by County, N.C. Residents, 2013-2017



Unintentional Opioid-Involved Poisoning Death Rates per 100,000 residents (2013 to 2017)

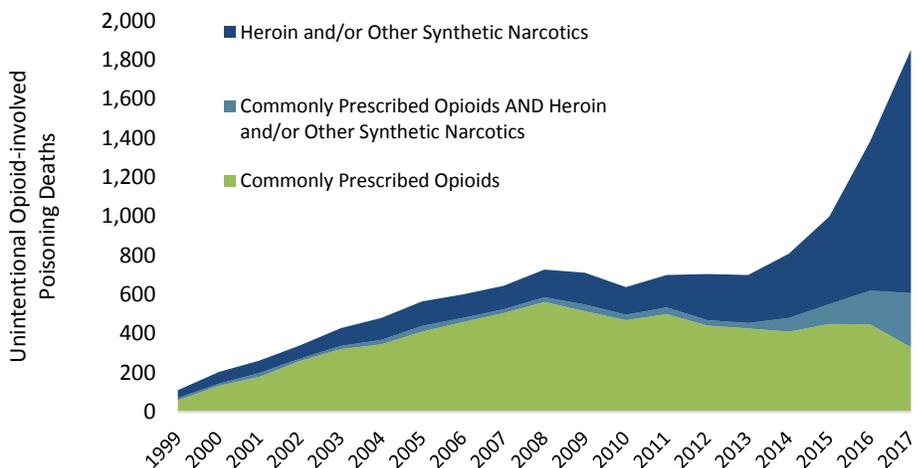
- ★ Interpret rates with caution (counts 5-9)
- Rate not calculated, <5 deaths
- 1-5
- 6-10
- 11-15
- 16-31

\$2.5 BILLION 
total combined costs due to unintentional opioid-involved poisoning deaths for 2017 alone

Source: Deaths: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 2013-2017, unintentional medication/drug poisoning (X40-X44) with specific T-codes (T40.0-T40.4, T40.6) for opioids; Population: National Center for Health Statistics, 2013-2017; Economic impact: CDC WISQARS for unintentional opioid-drug related poisonings, Cost of Injury Reports, National Center for Injury and Control, CDC. Base year (2010) costs indexed to state 2016 prices for poisoning deaths; Analysis by Injury Epidemiology and Surveillance Unit

Unintentional Opioid-Involved Poisoning Deaths by Drug Type, N.C. Residents, 1999-2017

- Commonly prescribed opioid medications include drugs like oxycodone, hydrocodone, and codeine.
- Heroin deaths have been rapidly increasing since 2010. More recently, deaths involving other synthetic narcotics (like fentanyl and fentanyl analogues) are escalating. Deaths are increasingly the result of illicitly manufactured other synthetic narcotics.
- Heroin and/or other synthetic narcotics were involved approximately 80% of unintentional opioid-involved poisoning deaths in 2017.



Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2017, unintentional medication/drug poisoning (X40-X44), Heroin and/or Other Synthetic Narcotics: T40.1, T40.4; Commonly prescribed opioids: T40.2, T40.3; This graph does not include cases with only T40.0 (Opium) or only T40.6 (Other and unspecified narcotics); Analysis by Injury Epidemiology and Surveillance Unit

Note: Numbers of deaths from other synthetic narcotics may represent both prescription synthetic opioid deaths and non-pharmaceutical synthetic opioids because synthetic opioids produced illicitly (e.g., non-pharmaceutical fentanyl) are not identified separately from prescription ("pharmaceutical") synthetic opioids in ICD-10 codes.



Unintentional Opioid-Involved Poisoning Deaths by Selected Demographics, N.C. Residents, 2013-2017

	Number	Percent	Rate†
Sex			
Female	2,078	35.1%	8.1
Male	3,844	64.9%	15.7
Race			
American Indian*	75	1.3%	12.4
Asian*	19	0.3%	1.3
Black*	519	8.8%	4.7
Hispanic	110	1.9%	2.4
White*	5,164	87.2%	15.9
Other*	25	0.5%	N/A
Age Group			
0-14	7	0.1%	0.1
15-24	614	10.4%	9.0
25-34	1,697	28.7%	25.8
35-44	1,509	25.5%	23.3
45-54	1,376	23.2%	20.0
55-64	626	10.6%	9.8
65-84	88	1.5%	1.3
85+	5	0.1%	0.6

Males continue to have a higher opioid-involved poisoning death rate than females (15.7 v. 8.1).

Whites and American Indians have the highest opioid-involved poisoning death rates (15.9 and 12.4 respectively).

Opioid-involved poisoning deaths are highest among **adults ages 25-54**, and tend to be lowest among ages 0-14 and those over 65 years old.

†Rates per 100,000 NC Residents; For rates with counts 5-9 interpret with caution as these rates may be unstable

*Non-Hispanic; 'Other' race category includes 'other', 'unknown', and 'multiple races' categories

Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 2013-2017, unintentional medication/drug poisoning (X40-X44) with any mention of Opium (T40.0), Heroin (T40.1), Other opioids (T40.2), Methadone (T40.3), Other synthetic narcotics (T40.4), and/or Other and unspecified narcotics (T40.6) and unintentional intent (X40-X44); Population: National Center for Health Statistics, 2013-2017; Analysis by Injury Epidemiology and Surveillance Unit

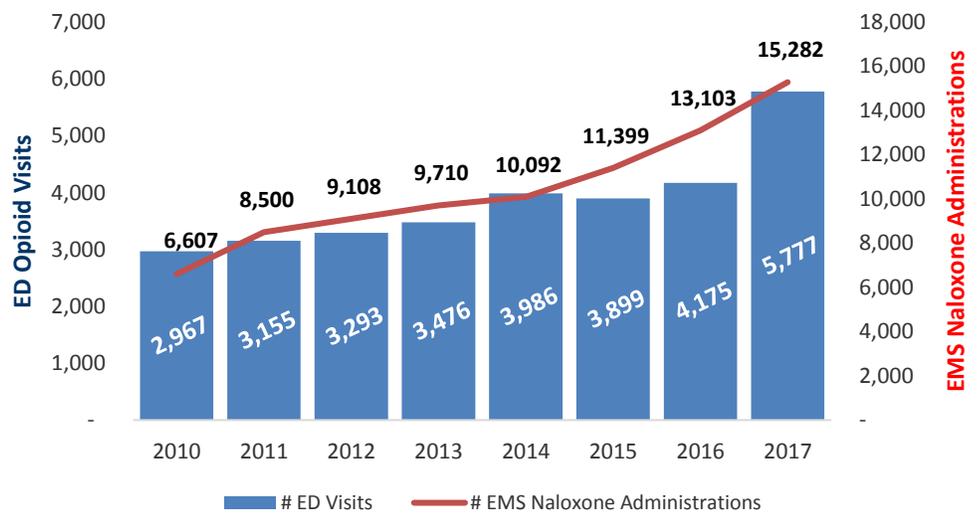
Emergency Department Opioid Overdose Visits and EMS Naloxone Administrations by Year, 2010-2017

The number of emergency department (ED) opioid overdose visits has approximately doubled since 2010.

Concurrently, the number of EMS naloxone administrations has **more than doubled** from 2010 to 2017.

Source: NC DETECT (statewide ED data), N.C. Division of Public Health & Carolina Center for Health Informatics, UNC Department of Emergency Medicine (UNC DEM); EMS Performance Improvement Center (EMSpic)-UNC DEM & N.C. Office of Emergency Medical Services (OEMS), 2010-2017; Analysis by Injury Epidemiology and Surveillance Unit

Note: ICD-9-CM transitioned to ICD-10-CM in 2015 and the impact on surveillance is unclear, use caution when interpreting trends. Naloxone administration alone does not necessarily equate to an opioid overdose.



North Carolina's Opioid Action Plan (OAP), 2017-2021

- North Carolina's OAP is a living document, developed through a collaborative process. It does not capture all work and all partners, and will continue to be revised as the epidemic evolves.
- The N.C. OAP sets a goal of reducing the number of expected opioid-involved poisoning deaths by 20% by the year 2021.
- N.C. Department of Health and Human Services (DHHS) and its partners on the Opioid and Prescription Drug Abuse Advisory Council (OPDAAC) believe it is critical to turn the tide on this epidemic.

The N.C. OAP Focuses on Seven Complex Strategies:

- 1) Create a coordinated infrastructure
- 2) Reduce the oversupply of prescription opioids
- 3) Reduce diversion of prescription drugs and flow of illicit drugs
- 4) Increase community awareness and prevention
- 5) Make naloxone widely available and link overdose survivors to care
- 6) Expand treatment and recovery oriented systems of care
- 7) Measure our impact and revise strategies based on results



For more information, visit the OAP Data Dashboard: <https://injuryfreenc.shinyapps.io/OpioidActionPlan/>

